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## HEALTH PROGRAMS FOR CALIFORNIA'S SENIOR CITIZENS

LOUIS KUFLAN, Executive Secretary, Citizens Advisory Committee on Aging, State of California

The mounting interest in California in the problems of aging pays tribute to the desire of our citizens and communities to work actively and effectively toward the solution of these problems. It is also an index of the effectiveness of state departments and agencies in furnishing technical guidance and encouragement to the local communities. There are now some 70 communities throughout the State which have citizen groups actively engaged in developing and operating programs for older persons. This number does not include the hundreds of "golden age" and other senior clubs. These groups are engaged in a variety of activities which include housing, health, employment, counseling, day centers, recreation, education, and services to the community by the senior citizens.

The major impetus for virtually all of this activity came from the Governor's Conference on the Problems of Aging held in 1951 and which was attended by more than 2,500 persons who came from all parts of California and from every walk of life. They represented almost every profession, labor, management, lay persons as well as the senior citizen. From this conference emerged the principle that the citizen in his own community had the primary responsibility for meeting these problems. This principle, which was enunciated clearly and sharply, also stated that the State Government had the responsibility to help the local community by providing technical guidance, but not to do the job itself. Obviously the citizens

of California meant what they said for they went home, rolled up their sleeves and set to work. The result has been that no other state can boast of as much local activity as can California.

### State Committees

To provide the technical guidance and stimulation required by the local communities the Governor of California, at that time Earl Warren, established the Interdepartmental Coordinating Committee on Aging composed of the directors of the State Departments of Education, Employment, Industrial Relations, Mental Hygiene, Personnel, Public Health, Recreation, Social Welfare, and Veterans Affairs. The Governor's departmental secretary was also designated as a member of the committee.

Goodwin J. Knight, when he became Governor of California, expressed his belief in the importance of local participation in this work by asking the Interdepartmental Coordinating Committee on Aging to continue its work. Governor Knight was able to go a step further in strengthening state and local cooperation in this work. At his request the 1955 session of the California Legislature enacted legislation which established a Citizens Advisory Committee on Aging. The 1956 Special Session of the Legislature clarified a number of technical details in this law. Governor Knight has already appointed the members of this new committee. The two committees will complement each other and work together closely in their efforts to co-

operate with local communities in attacking and solving the complex problems of aging.

### Health Programs

Health in the later years is one of the major problems of aging. This includes not only the maintenance of good health but also the treatment of the many chronic ailments which appear to be emphasized by our increasing longevity. Interest in the health aspects of aging has manifested itself in more ways than can be reported on in a short paper. Some of the major activities are reported here.

Perhaps the logical starting point is emphasis on education in the maintenance and understanding of good health in the later years. In this area there has been successful collaboration among state agencies, local committees on aging, and local adult education programs. Among the first to get under way were Sacramento and Los Angeles. In Sacramento the Committee on Aging and the Adult Education Center, as part of a long range course on "Retirement Readiness," offered a series of five lectures on physical health in the later years. With the cooperation of the Sacramento Society for Medical Improvement which furnished physicians as the lecturers, the program offered such subjects as physical changes in the aging process, nutrition, circulatory diseases and chronic ailments. In Los Angeles, similar lecture series have been offered successfully at a number of evening high schools. Lectures on mental health of older per-

sons have also been offered in both cities. Many other California cities have since followed with similar lecture series.

A highly interesting experiment in health education is under way in West Los Angeles. There the Los Angeles City Health Department and the West Los Angeles Community Council for Senior Citizens are jointly offering a biweekly program which brings medical experts to speak on health in the later years. The subjects for discussion were determined through an interest survey of senior citizens. In order of expressed interest these are rheumatism, arthritis, eye problems, heart disease, blood pressure, mental health, hearing, cancer, and a number of other health problems. Local physicians and representatives of voluntary health agencies do the lecturing.

Adequate nutrition has also been found to be a major health problem of older people. This may be due to two factors primarily. One is the reduced income which comes with retirement. Because of the lack of knowledge inadequate and improper substitutions are made for the more expensive protein foods such as meat. The other factor is that older people who live alone are likely to skimp on the preparation of food because of their dislike for solitary dining. Efforts to educate older people to the importance of good diet are increasing. In Sacramento the Committee on Aging and the American Red Cross sponsored a workshop on nutrition which featured proper food preparation for older persons. In West Los Angeles the Los Angeles City Health Department's nutritionist is offering a monthly demonstration for senior citizens showing how easy it is to prepare tasty, nutritious and economical meals. At the request of the Interdepartmental Coordinating Committee on Aging, the State's Interagency Committee on Nutrition is preparing leaflets for older people on food needs, menu planning, and marketing tips. These leaflets will be given widespread distribution. The State Department of Social Welfare has recently revised its regulations for institutions for the aged in which considerable attention has been given to the food needs of residents in these facilities. To supplement these regu-

lations the department has published a cook book which gathers together some of the best recipes from the institutions. These recipes are accompanied by data on cost per serving as well as the food values and caloric content of each serving.

The State Department of Public Health is now sending a quarterly leaflet, "Nutrition Service Series for Nursing Homes," to all operators of nursing homes licensed by the department. These leaflets have discussed food needs, supper menus, menu planning, and sodium restricted diets. Nutrition consultants have met with senior citizen groups to discuss food needs and problems and have participated in workshops for operators of nursing homes.

It is encouraging to note that the medical societies of the State are showing great interest in the health problems of older persons. Many of them have established their own committees on aging to facilitate cooperation with general community committees on aging. The California Academy of General Practice has had such a committee for about three years. It has worked closely with the State's Interdepartmental Coordinating Committee and has issued useful and interesting reports to its members. The Alameda-Contra Costa County Medical Association's Senior Citizens Committee has developed a school for the relatives of older patients. Here evening seminars are offered, without charge, to persons referred by their family physicians. Emphasis is placed upon instructing relatives in how to care for older persons in their homes. At its last annual meeting the Los Angeles County Medical Association offered a panel discussion on the care of the geriatric patient which featured nationally named experts.

At its major meeting in 1954 the Redwood Chapter of the California League for Nursing devoted the entire session to the health problems of the older person. The Western Gerontological Society at its first two meetings offered discussion panels and papers on similar problems.

In meeting the health needs of older people, nursing and boarding homes play a major role. Many community committees on aging have sponsored one-day workshops for

operators of such facilities where physicians and nurses have led discussions on the health care of their patients and guests. Successful meetings have been held in San Diego, Sacramento, Glendale, and San Francisco Bay area. The result has been that the operators are requesting more opportunities to learn how to improve the quality of the care they offer. A significant development in this area has been the course now in progress in Santa Barbara. The local Committee on Aging and the Adult Education Center are cosponsoring a series of lectures for operators of nursing and boarding homes. Lectures include the topics of physical health, mental health, and nutrition. In addition to its sponsorship and participation in workshops for operators of nursing homes, the State Department of Public Health provides consultation to the operators on record keeping, patient care and other operational activities.

Other organizations are also working actively and effectively to educate their communities to an understanding of the importance of good health and adequate medical care for the senior citizen. In San Francisco the Chronic Illness Center has found that the major part of its work is with older people. It is developing a program of referral to other community agencies for care and services. It has also sponsored training meetings for operators of nursing and boarding homes caring for older persons. There has also been developed in San Francisco a home care program which will have much to do with older patients. This program is under the medical direction of Dr. Edgar J. Munter who has long been identified with care for the long-term patient. In Los Angeles a committee established by the Welfare Planning Council of Los Angeles has been studying many problems of the aging for the past year. Its first report, just released, is concerned with the health of Los Angeles' senior citizens. It has recommended specific measures to safeguard the health of recipients of old age assistance.

A major demonstration project is under way in Santa Cruz County with the guidance and encouragement of the State Department of Public Health. The county health of-

ficer is concerned with the incidence of illness among recipients of old age assistance. He believes that early diagnosis will help prevent chronic illness and reduce the cost of medical care. He has, with the approval of the Santa Cruz County Board of Supervisors, established a diagnostic clinic which is being well received. It is too early to determine its full effectiveness.

#### Professional Education

The California Conference of Social Work has long been concerned with general health needs. At its annual meeting in Long Beach in May of this year considerable attention was focused on the health needs of older persons. Five out of nine meetings of the section on aging were devoted to the subject of health. The Santa Clara County Health Council has just inaugurated a lecture series which will lead to a program offering needed medical care to the county's older residents.

One of the most exciting and hopeful events in the area of health occurred during the month of May. This was the state-wide lecture tour of Dr. Lionel Z. Cosin. Dr. Cosin is the clinical director of the Geriatric Unit of the United Oxford Hospitals of Oxford, England. He has won considerable international renown for his work in rehabilitating the chronically ill older person. The State's Interdepartmental Coordinating Committee on Aging obtained a foundation grant which enabled it to bring Dr. Cosin to California. He addressed the annual conventions of the California Medical Association, the California Conference of Local Health Officers and the California Conference of Social Work. Dr. Cosin also lectured at the medical schools of the Universities of California, Southern California, and Stanford and at the Kaiser Health Foundation. Addresses were also made at meetings for the general public at Little House in Menlo Park and at the annual lunch meeting of the Sacramento Community Welfare Council. Of major importance were the two meetings, one in Northern California and the other in Southern California, for administrators, physicians, nurses and physical therapists of county hospitals and county supervisors. These

last two meetings were cosponsored by the County Supervisors' Association of California, the California Hospital Association and the State Department of Public Health.

The great enthusiasm with which Dr. Cosin's talks on rehabilitation in geriatrics was received augurs well for the development of an effective program in this major health area. Plans are under way for a program which will follow up on Dr. Cosin's talks and provide California with a continuing program of training in the rehabilitation of older, chronically ill persons.\* Two county hospitals demonstrated that they have already made good starts towards this end. They are Fairmont Hospital in Alameda County and Rancho Los Amigos in Los Angeles County. There are indications that several other hospitals are under way; among them are Edgemore Farm in San Diego County, Laguna Honda in San Francisco, and the Contra Costa County Hospital.

#### Housing

There are a number of other programs for California's aging persons which have a relationship to the individual's health. The matter of decent housing is one of them. Safe and healthful living arrangements loom large in the preservation of health. Yet because of their disadvantaged economic conditions an inordinate number of our senior citizens live in housing that falls well below the minimum standards for health and safety. To improve this situation a number of California communities have demonstrated that good housing for retired persons can be provided at reasonable costs. The Santa Barbara American Women's Voluntary Services has shown that it is possible to finance such an undertaking in a small city. It has built a project with 25 apartments designed to meet the needs of older couples and individuals yet retain beauty and desirability at rentals possible for recipients of public assistance. At La Jolla another voluntary group, the Social Service League, has built an apartment house of 15 units designed for retired people of limited incomes which are slightly higher than those of the Santa Barbara project resi-

dents. It too is a most attractive setup. In Menlo Park a group of senior citizens are working on a plan to provide good, attractive, inexpensive housing for themselves. They have interested local business and professional people to the extent that the latter have formed an advisory board to help the oldsters with their financial and legal problems.

The San Francisco Housing Authority plans to break ground soon for one of the most advanced low rent housing projects for older people in the country. There will be close to 200 apartments for both single and double occupancy. Facilities will be provided for social and craft activities for the residents. Also in San Francisco is an experimental housing project for older persons which is sponsored by the Jewish Family Service Agency. Here, for a very reasonable cost older people may rent apartments. Included in the rent is one hot meal a day. All of the projects mentioned above are centrally located; there is no attempt made to segregate the oldsters. On the contrary every effort is made to keep them integrated into the ongoing life of the community and neighborhood.

#### Recreation and Education

It is becoming more generally recognized that meaningful and satisfying activity is closely related to the physical and mental health of all people regardless of age. Yet our social and cultural patterns are such that we arbitrarily retire people at 65 years of age and thereby condemn them to inactivity. This practice is all the more unrealistic when we realize that today most people are in good physical and mental health at 65. But arbitrary retirement based solely on chronological age is a factor leading to physical and mental deterioration. Therefore many of our communities are providing opportunities for the retired to remain as active as possible commensurate with their capacities. One such outlet is in the area of recreation. More than 100 recreation districts in California now offer activity programs for older persons, usually beginning at 50 years of age. These programs provide opportunities for normal social contacts and arts and crafts which have meaning to the individual and which provide

\* California's Health plans to publish a paper by Dr. Cosin in a future issue.



him with outlets for his creative urges. There are day centers such as at Little House in Menlo Park and the four branches of the San Francisco Senior Center where older people engage in a host of satisfying activities. These centers also give older people an opportunity to be of service to their communities in many ways—as in united crusade drives, volunteers for the Red Cross and other voluntary agencies, civil defense and visiting their contemporaries who are bedridden in their own homes or in hospitals and institutions. It has been found that oldsters miss the opportunity of doing things for others—they do not want to be on the receiving end only. Such programs permit them to retain their sense of responsibility.

Finally, there is the preventive aspect of education. We know now that the old adage "You can't teach an old dog new tricks" is false. Rather it becomes a matter of "You can't teach an old dog new tricks if he won't learn." We find today that more and more older people are returning to our schools and colleges to complete their formal educations and to study all kinds of subjects just for the fun of it. Last year some 200,000 persons over 50 years of age were enrolled in classes offered in California Adult Education Centers. It would seem that recreation and education programs keep oldsters too busy and contented to deteriorate physically and mentally. Certainly such programs are far less expensive in terms of human lives and the taxpayers' money than hospital care.

#### The Future

While it may appear that this paper reports great activity in California, it is generally conceded that we have only barely scratched the surface. There is urgent need to expand our health and activity programs so that they meet the needs of all older Californians. There are today well over 1,000,000 past the age of 65 in California. The number increases greatly if we think in terms of 40 years of age as the critical age for health preservation. The urgency for the rapid development of the needed programs is highlighted by the fact that there is a *net* annual increase in the number of of persons

### Rabies Control Ordinance Adopted by L. A. County Supervisors

A rabies control ordinance requiring vaccination of dogs as a prerequisite of licensing has been adopted by the Los Angeles County Board of Supervisors.

This action brings to 23, the number of local canine vaccination ordinances in effect in Los Angeles County. They are, in addition to the county; Los Angeles City, Claremont, Glendora, Covina, West Covina, El Monte, South Pasadena, Sierra Madre, Montebello, Culver City, Inglewood, Manhattan Beach, Hermosa Beach, Redondo Beach, Torrance, Hawthorne, Santa Monica, San Fernando, Arcadia, Palos Verdes Estates, Monterey Park and Whittier.

Recent rabies control laws have been adopted in Alameda City, Salinas, Santa Clara County, San Jose, Lakeport, Madera County, the City of Madera and Chowchilla. Since October, 1955, 11 counties and 57 cities have adopted new ordinances for the control of rabies and it is estimated that a total of 19 counties and 113 cities now have provisions for vaccination of dogs by local ordinances.

By June 5th, 199 cases of rabies had been recognized in California this year, compared to 123 for the corresponding period a year ago, and 37 in 1954.

65 years of age or more in California of 40,000 each year—an increase which is not due to in-migration of oldsters as many believe.

By developing preventive and diagnostic health programs for older people as well as providing them with meaningful activities we can avert real trouble in the next decade. If we permit the problems to pile up without planning they can become insurmountable. If we go to work on them now we can solve most of them. The citizens of California have shown that with a little encouragement they will face up to their problems. We are already in the vanguard nationally in working on these problems. If there is the necessary professional guidance and stimulation we can show the country that California has the know how, the ability, and the leadership to solve the most difficult social problem now facing us.

### Northern California Public Health Association Elects 1956-57 Officers

At its annual business meeting in Richmond, the Northern California Public Health Association unanimously elected the following officers to serve during 1956-57:

#### President

David Frost, M.D., Director, State Alcoholic Rehabilitation Commission; formerly health officer for the City of Alameda

#### President-Elect

Mrs. Mary Chamberlain, Director of Public Health Nursing Service, San Joaquin Local Health District, Stockton

#### Vice President

Frank M. Stead, Chief, Division of Environmental Sanitation, California Department of Public Health, Berkeley

#### Secretary

Miss Constance Cavender, Health Educator, Alameda County Health Department, San Leandro

#### Treasurer

Paul W. Shipley, Chief, Bureau of Records and Statistics, California Department of Public Health, Berkeley

Local responsibility for community mental health services was discussed by a panel and two resolutions were adopted: (1) that the association express approval of legislation similar to Assembly Bill No. 1159 making it possible for cities and counties to set up mental health services; and (2) that the association's president appoint a committee to work with the State-wide Citizens' Committee for Community Mental Health Services legislation. The panel was composed of Dr. Frederic Kriete, Assistant Chief, Division of Preventive Medical Services, California Department of Public Health; Dr. James C. Malcolm, Health Officer, Alameda County; Dr. Alfred Auerback, Assistant Clinical Professor of Psychiatry, University of California Medical School; Dr. Walter Hepner, President Emeritus, San Diego State College and chairman of the State-wide Citizens' Committee for Community Mental Health Services legislation; Dr. Ellis Sox, Health Officer, San Francisco City and County; and Dr. Reginald M. Atwater, Executive Secretary, American Public Health Association.

# THE CALIFORNIA TUMOR REGISTRY—FIVE-YEAR SURVIVAL RATES

GEORGE LINDEN, M.P.H., Public Health Analyst, California State Department of Public Health

One of the purposes of the California Tumor Registry, described in the last issue of *California's Health*, is to provide information on the survival of cancer patients. Representing the combined experience of a group of 38 hospitals throughout California, the registry is in a position to present data which generally reflect the survival of cancer patients in the State. Presented here are data that were part of the collation of "End Results in Cancer" submitted by 18 agencies for analysis and discussion at the Third National Cancer Conference in Detroit on June 4 to 6, 1956.

Excluding skin cancers, about one out of every four (24 percent) cancer patients in California survives five years or more following diagnosis. Skin cancer can be more easily detected and treated, and has a much better prognosis than other cancer cases.

Cases diagnosed while still in the localized stage have about double (52 percent) the survival rate as that for all stages combined. Only 7 percent of the group which has metastatic cancer at diagnosis survive five years or more.

Survival varies sharply according to site and stage of the disease at the time of diagnosis, as shown in Table I. Breast and cervical cancer cases have by far the best chances of living five or more years after detection; lung and esophageal cancer patients have the poorest.

Table II shows that the age of cancer patients varies considerably from one site to another, with a difference of 20 years in the average age of cervix and prostate cases. The proportions of persons under 50 years

of age at the time of initial diagnosis are even farther apart, as seen in the 1.4 percent of prostate cases contrasted with the 46.1 percent of cervix cases. It should be noted that while the average ages of patients with stomach and esophageal cancer are the same, a larger proportion of those with stomach cancer are under 50 years of age.

The survival of cancer patients is closely related to age, especially since older patients are more likely to die in subsequent years of causes other than cancer. Figures in Table II are called "crude" or "adjusted" according to whether they do or do not take this possibility into account. The average age of each of these groups is used to adjust for the possibility of dying from other causes. This adjustment allows comparison of survival rates without influence by the age of the patient. When this is done, the survival rate is increased slightly for most sites; survival of prostatic cancer patients is sharply affected because of their older age.

The above data on age, site, and survival are a brief abstract of information available from the California Tumor Registry. Fuller information on the distribution of cases by site, stage, type, age, sex, histo-

pathologic confirmation, treatment and survival, and data dealing with social and racial factors are available. Inquiries concerning such data can be made to the Bureau of Chronic Diseases of the California State Department of Public Health.

## Conference on Handicapped Announced by U. C. L. A.

The United Cerebral Palsy Association of Los Angeles County and the U. C. L. A. Schools of Education and Medicine will cooperate with university extension in holding a conference on Planning and Operating Workshops for the Handicapped at the university July 30th to August 10th.

Planned as an orientation course acquainting personnel associated with or interested in training, rehabilitating, counseling or employing the handicapped, the workshop will be conducted as a course in "Adult Rehabilitation—Industrial Production" and will offer two units of university credit.

With Haines Hall on the campus as headquarters, staff members will be Aldo Bairo, Vocational Training Director of the United Cerebral Palsy Association of Los Angeles County, Inc.; Margaret H. Jones, M.D., Associate Professor of Pediatrics at the U. C. L. A. School of Medicine and Medical Director of the Association; Cecil W. Morgan, Director of Adult Vocational Services for the Association, and Andrew Marrin, Chief of the Bureau of Vocational Rehabilitation of the California State Department of Education.

The university fee of \$30 for the workshop includes a final dinner session on August 10th.

TABLE II  
Five-year Adjusted Survival Rates (Percent) for Cases Initially Diagnosed in 1943-47

Site	Average	Age at initial diagnosis Percentage under 50	Survival rate Adjusted for possibility of dying from other causes	
			Crude	
Breast	57	33.7	44.9	47.6
Lung	60	17.4	3.3	3.8
Stomach	64	12.1	6.3	7.4
Cervix	52	46.1	35.5	36.9
Prostate	72	1.4	22.1	31.9
Esophagus	64	7.9	1.3	1.6

TABLE I  
Five-year Crude Survival Rates (Percent) for Cases Initially Diagnosed in 1943-47

Site	Total cases	All stages	Localized	Survival rate	
				Regional spread	Metastatic
Breast	2,402	44.9	68.2	40.6	23.9
Lung	946	3.3	21.1	0.0	0.5
Stomach	1,547	6.3	21.8	5.8	1.9
Cervix	1,147	35.5	50.3	23.0	4.1
Prostate	1,179	22.1	32.8	20.0	7.4
Esophagus	224	1.3	7.1	0.0	0.0

## Governor Knight Appoints Two Members To State Board of Public Health

Governor Goodwin J. Knight has appointed L. S. Goerke, M.D., Associate Professor of Preventive Medicine, U. C. L. A., as a member of the State Board of Public Health for a four-year term ending January 15, 1960, to succeed A. Elmer Belt, M.D., Los Angeles, who has served on the board since 1940. At the same time Governor Knight announced the reappointment of Harry E. Henderson, M.D., Santa Barbara, for a new term also ending January 15, 1960.

Dr. Goerke, who lives in North Hollywood, has had wide experience in the field of public health, both as a local health officer and as chief of preventive medicine in the Los Angeles City Health Department. He joined that department in 1946 and at the time of his appointment in 1954 to the U. C. L. A. teaching post was director of district services. He had previously served as health officer of Clatsop County, Oregon, and Yolo County, California. He was director of selective service for Los Angeles during the early part of World War II and, after front-line duty, was in the Army Surgeon's Office in Berlin. Dr. Goerke is Past President of the Western Branch, American Public Health Association, and of the Southern California Public Health Association.

Dr. Henderson is a specialist in internal medicine and is on the staff of the Santa Barbara Clinic. He was first appointed to the State Board of Public Health in April, 1944. Dr. Henderson has been active in State and local medical affairs and was formerly a councilor of the California Medical Association.

Dr. Belt has served four terms on the board. He was first appointed in 1940 and was board president from 1940 to 1944. Dr. Belt has been a strong supporter of constructive programs of public health and has given valued service to the State Department of Public Health as a member of the board.

He gave effective service in the late 1930's at the time of the passage of venereal disease legislation and was active in the institution of the suit against the City of Los Angeles

## Polio Vaccination Priorities Broadened; Third Shots Authorized; Summer Shots Urged

Effective June 21st, all California children through the age of 19 were declared eligible for vaccination against poliomyelitis. This and other restrictions on the use and allocation of the vaccine were changed at a June 20th meeting in Berkeley of the Advisory Subcommittee on Vaccine Allocation to the State Department of Public Health.

The recommendations of the committee, all of which were accepted by the department, were:

1. All persons under 20 years of age and pregnant women are now eligible for vaccine distributed through commercial and public agency programs. For public agencies this means that the age limits for their programs operate within these age limits, but may not necessarily include the entire span, depending on supply and local methods of distribution.

2. Also effective June 21st, third, or booster inoculations are authorized for all eligible persons who received their second shots at least seven months ago, the recommended interval between second and third inoculations.

3. Effective June 30th, pharmacies and private physicians no longer will be required to report their distribution of commercial vaccine supplies. Reporting procedures are still in effect, however, on the use of federally purchased vaccine distributed through public agency programs.

4. Effective June 21st, commercial vaccine may be distributed by the manufacturers in California on a demand basis rather than on the previous division of supplies based on population between northern and southern California.

Opening the priorities increases the eligible group by an additional 774,757 children. In all, an estimated 4,679,158 California children, and

which led to the development of the Hyperion project and provision of sewage disposal facilities for the Los Angeles area.

pregnant women, are now eligible for vaccination against poliomyelitis.

The priorities were broadened because: For the first time since vaccine became available, vaccine supply surpasses current demand; reports indicate that at this time, the demand for vaccine in the 0-14 year priority group is now being met and, therefore, protection should be broadened to encompass a larger population, and the supply situation at this time also justifies third shots, which will afford greater protection against the disease.

With the recent increase in the volume of vaccine released to California, the department has been able to fill all supply requests for the public agency programs. Because these requests have been filled, all vaccine now being released to California by the U. S. Public Health Service is going into commercial channels for use by private physicians. Vaccine will be made available again to public programs when requests are made.

From physician and local health department reports, the State Department of Public Health estimates that 2,315,085 poliomyelitis inoculations have been given through mid-June, of which 1,253,303 represent first shots. Through June 19th, 4,216,609 cc of vaccine had been released for use in California.

The department continues to stress the importance of vaccination against poliomyelitis, pointing out that of the 228 cases reported between April 1st and June 9th, only 26 were among persons who were vaccinated. And of the 26, 15 had received only one inoculation.

The majority of the department's Ad Hoc Advisory Committee on Poliomyelitis has urged that the vaccination of California children against polio continue through the summer, a recommendation that concurs with those of the National Advisory Committee to the U. S. Public Health Service and the Committee on Control of Infectious Diseases of the American Academy of Pediatrics. Results of a letter poll of the 18-member advisory group approved the use of the vaccine during the summer months when the disease usually is at its peak.



## Oregon and California Boards of Public Health Hold Joint Meeting

Upon the invitation of Governor Goodwin J. Knight, the Oregon State Board of Health met with the California State Board of Public Health in Berkeley on June 7th to discuss mutual public health problems. Governor Knight, in his invitation to Governor Elmo E. Smith, of Oregon, wrote, "Our states have a number of major health problems in common and opportunity to discuss them and exchange ideas will be productive."



N. E. Irvine, M.D., President, Oregon State Board of Health, and Charles E. Smith, M.D., President, California State Board of Public Health, presiding at a meeting of the two state boards in Berkeley.

Among the problems discussed at the meeting were air pollution control, sanitation in unincorporated urban areas, rabies, psittacosis, sylvatic plague, encephalitis, and mosquito control.

Five of the eight Oregon board members, headed by Dr. N. E. Irvine, president, and Dr. Harold M. Erickson, state health officer, attended the sessions at the California department's headquarters. The other visiting members were: Dr. T. H. Dunham, First Vice President; Dr. Carl H. Phetteplace, Second Vice President; Dr. D. C. Burkes and Dr. L. D. Inskip.

The Oregon board members also toured the new quarters of the University of California School of Public Health in Berkeley and the new University of California Medical Center in San Francisco.

## Health Officer Change

### Napa County

Sterling S. Cook, M.D., was appointed health officer of Napa County on June 18, 1956, succeeding Edward R. Pinckney, M.D.

## Public Health Positions

### Butte County

**Sanitarian:** Salary range, \$370 to \$436. Applicant may start at \$391, depending upon qualifications and experience. Car furnished; or 8 cents per mile allowance. Write to: Butte County Health Department, P. O. Box 1100, Chico.

### Monterey County

**Sanitarian:** Salary range, \$342 to \$423. California registration as sanitarian required. Mileage allowance, 9 cents per mile for first 500 miles; 5 cents per mile thereafter. Three weeks' vacation per year; three weeks' sick leave per year (accumulative to 90 working days). State Retirement System. Write to: Monterey County Health Department, 154 West Alisal Street, Salinas.

### Los Angeles

**Public Health Nurses:** Los Angeles Visiting Nurse Association. Salary range for Grade I, \$305 to \$360; for Grade II, \$360 to \$426. California registration required, and, for Grade II, public health nursing certificate. For further information, write to Mrs. Mary Ann Jeffress, Acting Director, Los Angeles Visiting Nurse Association, 2530 West 8th Street, Los Angeles 57.

### Port Hueneme (Ventura County)

**Public Health Nurses:** Salary range, \$4,000 to \$5,570 for regular credential. Positions are for work in Hueneme School District public schools. Write to Hueneme School District, 620 East Pleasant Valley Road, Port Hueneme.

### San Mateo County

**Public Health Nurse:** Salary range, \$371 to \$464. Combined county and visiting nurse association generalized public health nursing program. Satisfactory completion of collegiate program for the preparation of public health nurses approved by the National League for Nursing and one year of public health nursing experience required; applicants lacking the one year of experience may be employed at \$351 monthly. Car required after the first six months of employment. For additional information, write: Chief, Public Health Nursing Service, Department of Health and Welfare, 225 37th Avenue, San Mateo.

**Sanitarian:** Immediate opening. Salary range, \$371 to \$464. California State registration required. Write or see: San Mateo County Civil Service Commission, Courthouse, Redwood City.

### San Diego County

**Physician I:** Permanent position immediately available for a physician desiring experience in the control and prevention of contagious diseases. No previous experience required. Salary \$616 to \$713 per month. Write San Diego County Civil Service Department, Room 402, Civic Center, for application forms and further details. Applications must be received by July 13, 1956.

**Public Health Bacteriologists:** Two immediate permanent positions open with the Health Department. Apply San Diego County Civil Service, Room 402, Civic Center, San Diego.

## State Advisory Hospital Council To Meet July 26-27 on Applications for Funds

Public hearings on applications for allocation of funds for eight types of facilities will be held by the State Advisory Hospital Council on July 26-27, 1956, in Berkeley. The types of facilities are general hospitals, tuberculosis hospitals, mental hospitals, public health centers, chronic disease hospitals, nursing homes, outpatient departments, and rehabilitation centers.

Applications will be considered by the council and the State Department of Public Health in accordance with the policies and priorities established in the state plan for 1956-57. Because of the limited funds available for allocation, assistance will be possible for only a small percentage of the applications that have been made to the department.

The 1956-57 plan was prepared by the department in compliance with recommendations adopted by the council during public hearings in Los Angeles on April 9-10, 1956. The policies recommended are incorporated in the plan which contains the estimated shortage of hospital facilities in various areas of the State and priority listing of areas to be followed in the allocation of state and federal and federal construction funds.

Following public reviews for factual accuracy on June 26th in Los Angeles and on June 27th in Berkeley, the completed state plan was submitted to the Surgeon General of the U. S. Public Health Service for review and approval.

The first Inter-American Conference on Occupational Medicine and Toxicology will be held September 3 to 7, 1956, in Miami, Florida. The conference is sponsored and planned by the University of Miami School of Medicine and the University of Havana School of Medicine, Cuba.

### Napa County

**Public Health Nurse:** Generalized public health program. Salary range \$341-\$415; liberal benefits, starting salary dependent on training and experience. Automobile required; car allowance. For job description and application contact Sterling S. Cook, M.D., Director of Public Health, P. O. Box 749, Napa.

# Review of Reported Communicable Diseases Morbidity by Month of Report May, 1956

## Diseases With Incidence Exceeding the Five-year Median

Diseases	May, 1956	May, 1955	May, 1954	Five-year Median
Amebiasis	81	54	44	45
Coccidioidomycosis*	11	5	5	7
Diphtheria	3	2	—	2
Encephalitis, Acute (total)	55	44	58	NA
Etiology undetermined	15	10	11	8
Mumps	22	14	21	NA
Measles	17	15	17	NA
Other post infectious	1	5	9	NA
Food poisoning	366	202	236	43
Hepatitis, infectious	174	114	217	77
Hepatitis, serum	10	4	7	3
Malaria	3	1	2	2
Mumps	5,232	4,391	4,428	4,391
Poliomyelitis (total)	113	139	138	112
Rabies, animal	26	13	5	12
Salmonellosis	126	100	58	44
Shigelosis	119	37	43	43
Typhoid fever	10	3	6	6

## Diseases Below the Five-year Median

Diseases	May, 1956	May, 1955	May, 1954	Five-year Median
Measles	7,824	15,371	12,038	12,787
Meningitis, meningococcic	19	20	23	26
Pertussis	294	515	381	381
Rheumatic fever	13	22	13	*
Streptococcal infections respiratory, including scarlet fever	588	775	882	836

## Venereal Diseases

Diseases	May, 1956	May, 1955	May, 1954	Five-year Median
Syphilis (total)	670	463	530	544
Gonorrhea	1,413	1,083	1,282	1,160
Chancroid	9	11	13	*
Granuloma, inguinale	—	—	—	*
Lymphogranuloma, venereum	1	3	2	*

\* Since July 1, 1955, active primary (including cavitary) and disseminated coccidioidomycosis reportable.

NA—Not available.

\* Median not calculated.

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If Postmaster General Arthur W. Summerfield and congressmen act favorably on a recently introduced resolution, a public health official will be honored with a commemorative stamp for the first time in history. The stamp would recognize the pioneering public health achievements of Dr. Samuel J. Crumbine, first full-time public health official in Kansas. Already on record in favor of the issuance of the stamp are the Conference of State and Territorial Health Officers, the New England Health Education Association, and the Middle States Public Health Association.

GOODWIN J. KNIGHT, Governor  
MALCOLM H. MERRILL, M.D., M.P.H.  
State Director of Public Health

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